L09000129388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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09 FEB -6 PM 3:37

G. MCLEOD
FEB - 9 2009
EXAMINER

W09-4279

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: L. Allen Limited Liability Company
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lawrence Hilton Allen III
(Name of Person)

L. Allen Limited Liability Company
(Firm/Company)

1303 Ocala Rd Apt 274
(Address)

Tallahassee / Florida 32304
(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence Allen at (321) 662-5398
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☑ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

L. Allen Limited Liability Company
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1303 Ocala Rd
Apartment 274
Tallahassee, Fl 32304

Mailing Address:

1303 Ocala Rd
Apartment 274
Tallahassee, Fl 32304

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Lawrence Allen III
Name

11438 Patrico Loop
Florida street address (P.O. Box **NOT** acceptable)

Clermont, FL 34711
City, State, and Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Lawrence
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
~~President~~ "Mgr"	Lawrence Allen 1303 Ocala Rd Apt 274 Tallahassee, FL 32304
~~Director of Operation~~ "MGRM"	Maritza Berger 2400 West Thorpe Street Apt 605 Tallahassee, FL 32303
~~Co-Vice president~~ "MgrM"	Danielle Millo 2677 Old Bainbridge Rd Apt 1732 Tallahassee, FL 32303
~~Director of Operation~~ "MgrM"	Donald Williams 2137 Golden Ivy Way Apopka, FL 32703

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Lawrence H. Allen
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lawrence H. Allen III
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

Demetrius Harris
326 East Pershing St.
Tallahassee, Fl 32301

"Mgrm"

Nikkishia Green
627 Towne Square Way Apt. 1011
Orlando, Fl 32818

- ~~Head Finacial Accountant~~ "Mgrm"

Shayla Atkins
236 N.Lake Cunningham Ave.
Jacksonville, Fl 32259

- ~~Co-Vice president~~ "Mgrm"